Contribution Form

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Rochester, MN 55905

MAYO CLINIC

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*Enclosed is my gift of:	□ \$10 □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ \$1,000 □ Other				
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I intend for my credit card to be charged monthly: \Box Yes \Box No					
By checking yes, this authorization shall remain in effect until written notice is given to Mayo Clinic by the cardholder. *Form Completed by:					
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A notification of your memorial or tribute gift will be sent promptly to the person listed below. The gift amount will not be indicated.					
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We welcome comments about your gift and your inspiration to give.					
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